

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002318

FILED
Mar 24, 2009
Secretary of State

Entity Name: KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC.

Current Principal Place of Business:

215 BRECKINRIDGE LN
LOUISVILLE, KY 402570669

New Principal Place of Business:

6100 DUTCHMANS LANE, 10TH FLOOR
LOUISVILLE, KY 40205

Current Mailing Address:

P.O. BOX 7669
LOUISVILLE, KY 402570669

New Mailing Address:

FEI Number: 61-0947056 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: TRABUE, ELLEN K
Address: 215 BRECKINRIDGE LANE
City-St-Zip: LOUISVILLE, KY 40207

Title: EV () Delete
Name: BOHN, JAMES A
Address: 215 BRECKINRIDGE LANE
City-St-Zip: LOUISVILLE, KY 402570669

Title: EV () Delete
Name: BROWN, JAMES E
Address: 215 BRECKINRIDGE LANE
City-St-Zip: LOUISVILLE, KY 402570669

Title: VST () Delete
Name: BOHN, JAMES A
Address: 215 BRECKINRIDGE LN
City-St-Zip: LOUISVILLE, KY 402570669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: TRABUE, ELLEN K
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: EV (X) Change () Addition
Name: BOHN, JAMES A
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: EV (X) Change () Addition
Name: BROWN, JAMES E
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

Title: VST (X) Change () Addition
Name: BOHN, JAMES A
Address: 6100 DUTCHMANS LANE, 10TH FLOOR
City-St-Zip: LOUISVILLE, KY 40205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JILL LOZIER

Electronic Signature of Signing Officer or Director

EASS

03/24/2009

_____ Date